

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818433

1. Entity Name

WILBUR SMITH ASSOCIATES, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90040 009 \*\*\*158.75

975343



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1301 GERVAIS STREET, NCNB TOWER  
P.O. BOX 92  
COLUMBIA, SC 29202

1301 GERVAIS STREET, NCNB TOWER  
P.O. BOX 92  
COLUMBIA, SC 29202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 57-0405950

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ZUELSDOFF, R., J.  
STREET ADDRESS NCNB TOWER BOX 92  
CITY-ST-ZIP COLUMBIA SC ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 92, Bank of America Tower  
CITY-ST-ZIP Columbia, SC 29202

TITLE VD  
NAME WUESTEFELD, N. H.  
STREET ADDRESS NCNB TOWER #92  
CITY-ST-ZIP COLUMBIA, SC 00000 ☒ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Linyard, S.E.G.  
CITY-ST-ZIP P.O. Box 92, Bank of America Tower  
Columbia, SC 29202

TITLE T  
NAME HENNECY, F. M.  
STREET ADDRESS NCNB TOWER #92  
CITY-ST-ZIP COLUMBIA, SC 00000 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 92, Bank of America Tower  
CITY-ST-ZIP Columbia, SC 29202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

5/1/01

Date

803-758-4500

Daytime Phone #

CR2E034 (10/00)